

DATE _____

ARKANSAS DEPARTMENT OF HEALTH
Vital Records, Slot 44
4815 West Markham
Little Rock, AR 72205

DIVORCE COUPON APPLICATION

Only Arkansas events of divorce are filed in this office. Divorce records start with 1923. The fee is \$10.00 for each copy requested. This fee must accompany the application. Send the completed application, a copy of your photo id and a check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** \$10.00 will be kept to cover the search charge if the record is not located in our files. Mail this application, a copy of your photo id and the money to the address above. **Please allow 7-14 days for processing.**

NAME OF HUSBAND _____

NAME OF WIFE _____

DATE OF DIVORCE OR DISMISSAL _____
Month Day Year

COUNTY IN WHICH DIVORCE WAS GRANTED/DISMISSED

PLEASE ANSWER ALL QUESTIONS

What is your relationship to the parties named on the requested record?

What is your reason for requesting a copy of this record?

Signature and Telephone Number of Person Requesting this Certificate

X _____

All requests for certificates require photo identification.

Certificates may also be ordered by the following methods:

Internet: www.vitalchek.com. The service fee and the certificate fee are charged to your credit card (Visa, Master Card, Discover and American Express). Certificates may be returned over night for the additional shipment fee.

OR

Telephone: Toll free (866) 209-9482. The service fee and the certificate fee are charged to your credit card (Visa, Master Card, Discover or American Express). Certificates may be returned over night for the additional shipment fee.

OR

Walk in: The certificate may be ordered by coming into this office. If you want the copy the same day, our hours for same day service are 8:00 A.M. until 4:00 P.M. Monday – Friday. The office is located at 4815 West Markham St, Little Rock, AR 72205. **Please order family history and genealogy by mail or Internet.**

CERTIFIED COPIES

Each copy is \$10.00.

HOW MANY _____

AMOUNT OF MONEY ENCLOSED

\$ _____

Please **PRINT** the name and address of the person who is to receive the request on the lines below.

NAME _____

ADDRESS _____

CITY STATE ZIP

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both (Arkansas Statutes 20-18-105).